Caregiver Authorization Affidavit
Information & Instructions

What is the purpose of the Caregiver Authorization?
This form allows you, as the parent or legal guardian, to grant to another individual who is a Caregiver to the child the ability to make health care decisions for your child. A Caregiver is someone who physically lives with and provides care to a minor child.

What will the appointed Caregiver be able to do?
Once this form is completed, the Caregiver will be able to exercise the same rights and make the same decisions that the parent or legal guardian makes for the child. A Caregiver can consent to medical treatment for the child, and can request medical records of the child. You do have the opportunity to limit the Caregiver’s authority by setting forth any specific acts you do not want the Caregiver to perform in the appropriate section of the form.

What steps must I take to complete the form?
Section 1
Provide the information requested including setting forth the limits on the Caregiver’s authority, if any. Your signature at the end of this section certifies that you have the legal right to make this appointment (in other words, that there is no court order prohibiting you from doing so). NOTE: Do not sign the form until you are in the presence of a notary public (see Section 3).

Section 2
You must have two witnesses sign and date the form, and print their name, address and telephone number. The witnesses must be over age 18, and neither witness can be the individual identified as the Caregiver.

Section 3
This form must be notarized. To have the form notarized, you must sign the document in front of a notary public and provide that person with picture identification, such as your license. You can have a form notarized free of charge at most local banks.

Section 4
The Caregiver should complete this section, providing a signature, printed name, telephone number and date.
CAREGIVER AUTHORIZATION AFFIDAVIT
Massachusetts General Laws Chapter 201F

1. AUTHORIZING PARTY (Parent/Guardian)

I, ___________________________________, residing at ______________________________________________
am: ☐ the parent / ☐ legal guardian / ☐ legal custodian of the minor child(ren) listed below.

I do hereby authorize ________________________________________________________________, residing at
__________________________________, Phone #: ________________________ to exercise concurrently the rights
and responsibilities, except those prohibited below, that I possess relative to the health care of the minor children whose
names and dates of birth are:

_____________________________________________ name and date of birth
_____________________________________________ name and date of birth
_____________________________________________ name and date of birth
_____________________________________________ name and date of birth

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please
state those acts here.)

_____________________________________________________________________________________________
_____________________________________________________________________________________________

The following statements are true: (Please read)

☐ There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsi-
   bilities that I wish to confer upon the caregiver. (If you are the legal guardian or custodian, attach the court order
   appointing you.)

☐ I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular
   school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.

☐ I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a
   result of pressure, threats or payments by any person or agency.

☐ I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to
   all parties to whom I have provided this affidavit.

This document shall remain in effect until ____________(not more than two years from today) or until I notify the
caregiver in writing that I have amended or revoked it.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature: ___________________________________________ Date: ______________________
Printed name: __________________________________________
Telephone number: ________________________________________
2. WITNESSES TO AUTHORIZING PARTY SIGNATURE

(To be signed in the presence of Notary Public by persons over the age of 18 who are not the designated caregiver.)

______________________________________________  ______________________________________________
Witness #1 Signature                              Witness #2 Signature

Printed Name, Address and Telephone                Printed Name, Address and Telephone

______________________________________________  ______________________________________________
______________________________________________  ______________________________________________

3. NOTARIZATION OF AUTHORIZING PARTY’S SIGNATURE

Commonwealth of Massachusetts

____________________, ss

On this date, _________________________________, before me, the undersigned notary public, personally appeared
__________________________________________, proved to me through satisfactory evidence of identification,
which was ________________________________, to be the person whose name is signed on the preceding document,
and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: ________________________________________________________________

Printed name of notary: ________________________________________________________________

My commission expires: ________________________________________________________________

4. CAREGIVER ACKNOWLEDGMENT

I, ___________________________________________________________, am at least 18 years of age and the above
child(ren) currently reside with me at _______________________________________________________________.

I am the children’s (state your relationship to the child) ________________________________________________.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the
child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren),
except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts
with the decision of the child(ren)’s parent, legal guardian or legal custodian.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all par-
ties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: ________________________________________________________________

Printed name: ________________________________________________________________

Telephone Number: ________________________________________________________________

Date: ________________________________________________________________